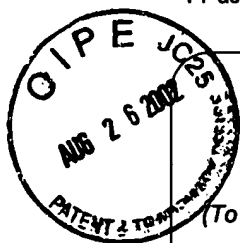


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TRANSMITTAL FORM

(To be used for all correspondence after initial filing)

Application Number	09/919,741
Filing Date	July 31, 2001
First Named Inventor	Chad J. Roy
Group Art Unit	3736
Examiner Name	
Attorney Docket No.	920070.405

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Supplemental Information Disclosure Statement; Form PTO-1449 <input checked="" type="checkbox"/> Cited References <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts under 37 C.F.R. 1.52 or 1.53 <input type="checkbox"/> Response to Missing Parts/Incomplete Application	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Request for Corrected Filing Receipt <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Declaration <input type="checkbox"/> Statement under 37 CFR 3.73(b) <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> CD(s), Number of CD(s) _____ <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Additional Enclosures (please identify below): _____ _____ _____ _____
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Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Individual Name	Dale R. Cook	 00500 PATENT TRADEMARK OFFICE
Signature		
Date	August 20, 2002	

CERTIFICATE OF MAILING

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Jason Añover

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants : Chad J. Roy et al.
Application No. : 09/919,741
Filed : July 31, 2001
For : AUTOMATED INHALATION TOXICOLOGY EXPOSURE
SYSTEM

Art Unit : 3736

Docket No. : 920070.405

Date

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SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

Commissioner for Patents:

In accordance with 37 C.F.R. §§ 1.56 and 1.97 through 1.98, applicants wish to make known to the Patent and Trademark Office the references set forth on the attached form PTO-1449 (copies of the cited references, as required under 37 C.F.R. § 1.98, are enclosed). As to any reference supplied, applicants do not admit that it is "prior art" under 35 U.S.C. §§ 102 or 103, and specifically reserve the right to traverse or antedate any such reference, as by a showing under 37 C.F.R. § 1.131 or other method. Although the aforesaid references are made known to the Patent and Trademark Office in compliance with applicants' duty to disclose all information they are aware of which is believed relevant to the examination of the above-identified application, applicants believe that their invention is patentable.

We hereby certify that each of the references set forth on the attached form PTO-1449 was cited in a communication from a foreign patent office in a counterpart foreign

application not more than three months prior to the filing of this Supplemental Information Disclosure Statement.

Please acknowledge receipt of this Supplemental Information Disclosure Statement and kindly make the cited references of record in the above-identified application.

Respectfully submitted,

Chad J. Roy et al.

Seed Intellectual Property Law Group PLLC



Dale R. Cook
Registration No. 42,434

Enclosures:

Postcard

Form PTO-1449

Cited References (6)

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